

FILED OCT. 29 1947
Registration District No. 3

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 528 Olive St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 528 Olive St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lucy Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive

7. Birth date of deceased October 1, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>0</u>	<u>8</u> hr. min.

9. Birthplace Cape Girardeau County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amie Simms

(b) Address 528 Olive St. Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct. 10, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director T. J. Sparks

(b) Address Cape Girardeau, Mo.

19. (a) 10-20-47 (Date received local registrar)

(b) C. G. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1947 hour 4: minute 22 P. M.

21. I hereby certify that I attended the deceased from June 1947 to October 9 1947.
that I last saw her alive on October 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure

Due to Myocardial Degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 93 P

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 0

While at work? (e) Means of injury

3. Signature Edward D. Campbell (M. D. or other) MD

Address Cape Girardeau, Mo. Date signed 10-13-47

Duration

1 week

2 years

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 4
File Number 1047-135
Date Filed 10-27-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

David E. Hayes Registered Apprentice No. 58
working under my personal supervision.

Signed Frank Sparks
Licensed Embalmer No. 3453

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.